## Reciprocity Information Form for Issuance of Kentucky Drinking and Wastewater Certifications

Name of certified operator requesting reciprocity	
State from which current certification was issued	

Certification Types →	Drinking Water	Drinking Water	Wastewater Treatment	Wastewater Collection
Information Requested ↓	Treatment	Distribution	Treatment	Concetion
1. Level of certification held by the operator listed.				
2. Expiration date of the operator's certification.				
3. Was an exam taken for certification in the state listed?	Yes	Yes	Yes  _	Yes
	No 🗌	No 🗌	No 🗌	No 🗌
4. Date certification was originally issued.				
5. Highest level of				
certification available in state listed.				
6. Lowest level of				
certification available in state listed.				
Design Capacity and classifica	tion of plant you	currently operat	te?	
7. Has enforcement action every Yes No If so, please exp	er been taken aga plain <u>:</u>	inst this operator	r by the certifyin	g authority?
8. Is the operator in good stand explain:		ification listed?	Yes No I	f not, please
9. Will the listed state issue ope				
of Kentucky a certification through	reciprocity. Tes			
of Kentucky a certification through:  10. Please submit with this for	rm a copy of the			
of Kentucky a certification through	rm a copy of the			

Submit to:

Kentucky Division of Compliance Assistance Operator Certification Program 14 Reilly Rd. Frankfort, KY 40601 FAX # (502) 564-9720 Phone # (502) 564-0323 or (800) 926-8111

